Michigan Department of Treasury 11 (Rev. 8-03)

## Claim for Refund Due a Deceased Taxpayer

Issued under authority of P.A. 281 of 1967. You must file this form to claim a refund due a deceased taxpayer.

**INSTRUCTIONS:** If you are the deceased's surviving spouse filing a joint return, do not file this form. If you are not a surviving spouse and you filed a U.S. 1310 with the Internal Revenue Service you may file a copy of the U.S. 1310 with the Michigan Department of Treasury instead of this form. Attach to your MI-1040 if claiming a refund or MI-1040 credit form if claiming a credit. **Type or print in blue or black ink**.

## THIS FORM MUST BE COMPLETED AND SIGNED BEFORE THE REFUND CAN BE ISSUED TO THE CLAIMANT.

Date Tax Year Began			Date Tax Year Ended	
DECEASED			CLAIMANT	
Name of Deceased			Name of Claimant	
ste of Death Social Security Number		When you file a Michigan income tax return or credit for a deceased taxpayer, use your address, not the deceased's.		
Home Address at Time of Death (No. and Street)			Your Address (No. and Street)	
City, State, ZIP Code			City, State, ZIP Code	
Are you the <b>court - appointed</b> personal representative for the estate?  YES.		Attach a copy of the court certificate (LETTERS OF AUTHORITY, etc.) verifying your appointment. DO NOT attach the will, power of attorney or conservator/guardianship papers.		
		□ NO.	Go to 2.	
Will a personal representative be appointed?		YES.	A refund cannot be issued until you submit a court certificate showing your appointment as personal representative or other evidence that you are entitled, under state law, to receive the refund.	
		□ NO.	Go to 3.	
3. Do you certify that you will distribute the refund according to the law of the state where the deceased was a resident?		YES.	Attach the original or an authentic copy of the death certificate.	
		□ NO.	Refund cannot be paid to claimant.	
CERTIFICATION AND SIGNATION I request a refund of taxes over examined this claim, and to the	paid or credit o		of the deceased. I declare under penal true and complete.	Ity of perjury that I have
Signature of Claimant			Daytime Telephone Number	Date